

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/980767

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4		3	/	1		
5		3		/		
6		1		/		
7		0		/		
8	/		/			
9	/		/			
10	/		/			
11	/		/			
12	/		/			
13	/		/			
14		3	/	1		
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TOTAL IND.	13	↓	13	↓		↓
TOTAL DEP.	13	⇐	7	⇐		⇐
TOTAL CLAIMS	26		20			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		⇐		⇐		⇐
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS